

**CHARLOTTE-MECKLENBURG POLICE DEPARTMENT
VOLUNTEER RESOURCES
STATEMENT OF ELIGIBILITY**

I, _____, by my signature below, do
Print Name

certify that as of the date indicated below, I am able to meet the following eligibility standards for volunteering with the Charlotte-Mecklenburg Police Department.

THAT I:

(Please initial beside each statement as you read it)

1. **Am** at least eighteen (18) years of age _____
2. **Am** willing to contribute a minimum of sixteen (16) hours per month as a volunteer _____
3. **Have not** committed a felony crime, nor committed any misdemeanor involving the commission of an act contrary to the moral conscience of the general public _____
4. **Have not** plead guilty to any felony or misdemeanor involving perjury or a false statement _____
5. **Have not** received a dishonorable discharge from the Armed Services, if having served _____
6. **Have not** used, tried, or experimented with any drugs classified as controlled substances while not under the care of a physician _____
7. **Have not** used, tried, or experimented with marijuana within the last twenty-four (24) months; and if having used marijuana in the past, such use did not exceed five (05) times within the past ten years immediately preceding the date of this application _____
8. **Have not** sold, offered for sale, induced, or attempted to induce, another person in the use of illegal drugs _____
9. **Do not** abuse or misuse prescription medication _____
10. **Do not** abuse /misuse prescription drugs or alcohol _____
11. **Do not** use illegal drugs _____
12. **Have not** committed any serious undetected crimes for which I have not been arrested _____
13. **Have included an explanation for any undetected criminal activity for which I have not been arrested, if applicable** _____
14. **Have not** falsified this application _____

Applicant's Signature

Date

In order to be considered as a volunteer, I understand the following items will be required for the application process: Driver's License, DMV Check, Police Record Check, Drug screening to be completed within 48hrs, and a Confidentiality Statement. I state that all the information I have given is correct to the best of my knowledge. I understand that my volunteer position may be terminated without my permission.

VOLUNTEER RESOURCES APPLICATION

PERSONAL INQUIRY WAIVER: I authorize the Charlotte-Mecklenburg Police Department to examine all records that are necessary to determine my character, reputation, arrest record, and criminal history. All information not otherwise a public record will remain confidential, and will be utilized solely for the evaluation of my qualifications and fitness to be assigned with the Charlotte-Mecklenburg Police Department in a volunteer capacity.

APPLICANT'S SIGNATURE: _____ **DATE:** _____

PERSONAL DATA

PLEASE CHECK ONE: ☐ MR ☐ MRS ☐ MS ☐ MISS ☐ Other _____

FULL NAME: _____
First Middle Last

NICKNAMES/MAIDEN NAME: _____

RESIDENTIAL ADDRESS: _____
Number and Street Apartment/Lot

City Zip Code

YEARS AT THIS RESIDENCE _____ **MAILING ADDRESS DIFFERENT? LIST BELOW**

MAILING ADDRESS: _____

E-MAIL ADDRESS: _____

HOME PHONE: _____ **WORK PHONE:** _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____ **CITY:** _____ **STATE:** _____

SOCIAL SECURITY NUMBER: _____

DRIVER'S LICENSE NUMBER: _____ **STATE:** _____

SEX: ☐ MALE ☐ FEMALE

RACE: ☐ WHITE ☐ BLACK ☐ HISPANIC ☐ OTHER _____

HEIGHT: _____ **WEIGHT:** _____

EYE COLOR: _____ **HAIR COLOR:** _____

HOUSEHOLD BACKGROUND

PLEASE LIST ALL PERSONS RESIDING IN YOUR HOUSEHOLD:

First	Middle	Last	DOB	Relationship

EDUCATIONAL BACKGROUND

GRADUATED:

<input type="checkbox"/> HIGH SCHOOL	_____	YEAR _____
	Name City, State	
<input type="checkbox"/> COLLEGE	_____	YEAR _____
	Name City, State	

DEGREE: ☐ ASSOCIATE ☐ BA/BS ☐ MA/MS ☐ PHD

MAJOR: _____

VOLUNTEER HISTORY

PLEASE LIST ANY PRIOR VOLUNTEER EXPERIENCE BELOW:

Agency/Group/Organization	Years
_____	_____

WHAT IS YOUR PRIMARY REASON FOR VOLUNTEERING WITH US?

HEALTH HISTORY

The questions contained in this section are utilized solely for background investigation purposes, and will remain strictly confidential.

HOW FREQUENTLY DO YOU CONSUME ALCOHOLIC BEVERAGES?

☐ DAILY ☐ WEEKLY ☐ MONTHLY ☐ SPECIAL OCCASIONS ☐ NEVER

WHEN ALCOHOLIC BEVERAGES ARE USED, HOW MANY DO YOU CONSUME? _____

HAVE YOU EVER TRIED, USED, OR EXPERIMENTED WITH MARIJUANA?

☐ NO ☐ YES

IF YES: NUMBER OF TIMES _____ DATE OF LAST USE _____

HAVE YOU EVER TRIED, USED, OR EXPERIMENTED WITH HEROIN?

☐ NO ☐ YES

HAVE YOU EVER TRIED, USED, OR EXPERIMENTED WITH COCAINE?

☐ NO ☐ YES

HAVE YOU EVER TRIED, USED, OR EXPERIMENTED WITH ANY OTHER ILLEGAL SUBSTANCE?

☐ NO ☐ YES NAME OF SUBSTANCE: _____

HAVE YOU EVER TRIED, USED, OR EXPERIMENTED WITH ANY OTHER CONTROLLED SUBSTANCE THAT WAS NOT PRESCRIBED BY A PHYSICIAN?

☐ NO ☐ YES NAME OF SUBSTANCE: _____

HAVE YOU EVER TRIED, USED, OR EXPERIMENTED WITH A PRESCRIPTION MEDICATION THAT WAS NOT PRESCRIBED FOR YOU?

☐ NO ☐ YES NAME OF MEDICATION: _____

HAVE YOU EVER TRIED OR USED A PRESCRIPTION MEDICATION, PRESCRIBED FOR YOU, WHEN IT WAS NOT MEDICALLY NECESSARY?

☐ NO ☐ YES NAME OF MEDICATION: _____

MILITARY HISTORY

HAVE YOU EVER SERVED IN THE ARMED FORCES? ☐ YES ☐ NO

ENLISTED FROM _____ to _____ BRANCH _____ RANK _____
Month/Year Month/Year

TYPE OF DISCHARGE: _____

REFERENCES

LIST YOUR MOST RECENT EMPLOYER:

- | | | |
|---------------|------------------------------|----------|
| _____ | | |
| Business Name | | |
| _____ | | |
| Address | | |
| _____ | | |
| City | State | Zip Code |
| _____ | | |
| Contact Name | (Area Code) Telephone Number | |

LIST TWO PERSONAL REFERENCES WHO HAVE KNOWN YOU FOR AT LEAST FIVE (05) YEARS. DO NOT INCLUDE RELATIVES

- | | | |
|-------------------------|---------------------------|----------|
| _____ | | |
| Name | | |
| _____ | | |
| Address | | |
| _____ | | |
| City | State | Zip Code |
| _____ | | |
| (Area Code) Home Number | (Area Code) Work Number | |
| _____ | | |
| E-Mail Address | Relationship to Applicant | |
- | | | |
|-------------------------|---------------------------|----------|
| _____ | | |
| Name | | |
| _____ | | |
| Address | | |
| _____ | | |
| City | State | Zip Code |
| _____ | | |
| (Area Code) Home Number | (Area Code) Work Number | |
| _____ | | |
| E-Mail Address | Relationship to Applicant | |

CRIMINAL HISTORY

HAVE YOU EVER (AS AN ADULT OR A JUVENILE) BEEN ARRESTED, DETAINED, OR QUESTIONED BY THE POLICE CONCERNING A CRIME?

- ☐ NO ☐ YES, AND I HAVE ATTACHED A SHEET EXPLAINING THE INCIDENT(S) , YEAR, STATE IN WHICH INCIDENT OCCURRED, AND RESULTING ADJUDICATION

HAVE YOUR DRIVING PRIVILEGES EVER BEEN SUSPENDED, REVOKED, OR CANCELLED?

- ☐ NO ☐ YES, AND I HAVE ATTACHED A SHEET EXPLAINING THE INCIDENT(S), YEAR, STATE IN WHICH SUSPENSION OCCURRED, AND RESULTING ADJUDICATION

HAVE YOU EVER RECEIVED (A) TRAFFIC CITATION(S)?

- ☐ NO ☐ YES, AND I HAVE ATTACHED A SHEET EXPLAINING THE CITATION(S), YEAR, STATE IN WHICH CITATION WAS ISSUED, AND RESULTING ADJUDICATION

HAVE YOU EVER COMMITTED A SERIOUS CRIME FOR WHICH YOU WERE NOT ARRESTED?

- ☐ NO ☐ YES, AND I HAVE ATTACHED A SHEET EXPLAINING THE CRIMINAL ACTIVITY, YEAR, AND THE STATE IN WHICH THE CRIME WAS COMMITTED

I affirm that this application contains no false statements, misrepresentations, or omissions; nor did I intentionally conceal any material that would knowingly make me ineligible. I further understand that at any time during my background investigation, should any information be discovered in this application which is not factual, I will become ineligible for any volunteer position with the Charlotte-Mecklenburg Police Department.

APPLICANT'S SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY

Application Mailed: _____

Application Returned: _____

Background Completed: _____

Completed By: _____

Drug Procedures Mailed: _____

Must Test By: _____

Results Received: _____

☐ Pass

☐ Fail

Polygraph Scheduled: _____

Results Received: _____

☐ Pass

☐ Fail

Oral Interview: _____

VOLUNTEER INTEREST FORM

NAME: _____

Please check the boxes which represent your current interests in the volunteer program

- | | | | |
|------------------------------|--------------------------|---------------------------|--------------------------|
| • Animal Care and Control* | <input type="checkbox"/> | Lake Patrol Unit* | <input type="checkbox"/> |
| • Citizens on Patrol* | <input type="checkbox"/> | Media Committee | <input type="checkbox"/> |
| • Community Events | <input type="checkbox"/> | MADD Court Monitor* | <input type="checkbox"/> |
| • Computer Tech. | <input type="checkbox"/> | Bilingual Unit | <input type="checkbox"/> |
| • Crime Scene Unit* | <input type="checkbox"/> | Parking Enforcement Unit* | <input type="checkbox"/> |
| • Data Entry | <input type="checkbox"/> | Photography | <input type="checkbox"/> |
| • District Attorney Office** | <input type="checkbox"/> | Special Events | <input type="checkbox"/> |
| • Division Offices | <input type="checkbox"/> | Records Unit | <input type="checkbox"/> |
| • Felony Investigations** | <input type="checkbox"/> | Research | <input type="checkbox"/> |
| • Gift Shop | <input type="checkbox"/> | Youth Crimes/DV Unit | <input type="checkbox"/> |
| • Lake Patrol unit* | <input type="checkbox"/> | Crime Prevention | <input type="checkbox"/> |

*Will require additional training

** Prior Law Enforcement experience preferred

What other skills and/or experience do you possess that will benefit the Charlotte-Mecklenburg Police Department?

What do you expect to gain from volunteering with the Charlotte-Mecklenburg Police Department?

Volunteers are required to work a minimum of sixteen (16) hours per month. What day(s) and times are usually convenient for you?

If a position is available, do you have a specific location where you would like to volunteer?

**CHARLOTTE-MECKLENBURG POLICE DEPARTMENT
VOLUNTEER RESOURCES
EMERGENCY CONTACTS**

VOLUNTEER NAME: _____

ADDRESS: _____

TELEPHONE: (H) _____ (W) _____

 (C) _____ (EM) _____

EMERGENCY CONTACTS:

NAME: _____

ADDRESS: _____

TELEPHONE: (H) _____ (W) _____

 (C) _____ (EM) _____

RELATIONSHIP: _____

NAME: _____

ADDRESS: _____

TELEPHONE: (H) _____ (W) _____

 (C) _____ (EM) _____

RELATIONSHIP: _____

NAME: _____

ADDRESS: _____

TELEPHONE: (H) _____ (W) _____
 (C) _____ (EM) _____

RELATIONSHIP: _____